MDR: M4-03-8164-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-30-03.

## I. DISPUTE

Whether there should be reimbursement for CPT code 97265.

## II. FINDINGS

The respondent denied reimbursement based upon "G – Included in Global Fee. The value of this service is included in the value of another service billed on the same date; and F – Reduction According to Fee Guideline. Exceeds the Limitations of the Physical Medicine Ground Rules."

## III. RATIONALE

| DOS  | CPT CODE | Billed  | Paid   | EOB<br>Denial | MAR\$<br>(Maximum           | Reference  | Rationale  |
|--|----------|---------|--------|---------------|-----------------------------|--|--|
|  |          |         |        | Code          | Allowable<br>Reimbursement) |  |  |
| 12-10-02<br>12-17-02<br>12-19-02<br>12-24-02<br>12-26-02<br>12-31-02<br>1-2-03 | 97265    | \$43.00 | \$0.00 | G, F          | \$43.00                     | Medicine GR (I)(B)(1)(b) CPT Code Descriptor Medicine GR (I)(A)(10)(a) | The requestor billed an office visit with chiropractic manipulation and physical therapy services on the disputed dates of service.  97265 is defined as a physical therapy activity per Medicine GR (I)(A)(10)(a) and 99213MP is a manipulation performed by a doctor. The 97265 is not global to 99213MP or any of the other physical therapy services rendered on this date; therefore, the insurance carrier incorrectly denied reimbursement based upon "G".  On 12-10-02, 12-17-02, 12-19-02, 12-24-02, 12-26-02, 12-31-02, and 1-2-03 the insurance carrier already reimbursed the requestor for 4 physical therapy services; therefore, on these dates the requestor exceeded the number of services allowed per MFG. The Medical Review Division cannot recommend payment that exceeds the limits established in Medicine GR (I)(A)(10) a). |

## IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (97265).

The above Findings and Decision are hereby issued this 12th day of February 2004.

Elizabeth Pickle Medical Dispute Resolution Officer Medical Review Division